

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AB		09-25-01
O.I.P.E. CLASSIFIER		43	10/6/01
FORMALTY REVIEW	TL	1141	10/30/01
RESPONSE FORMALTY REVIEW	TA	1113	11-22-01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 (Through numeral)... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	11/5/02
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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10/3/01  
901  
851  
11/22/01